

Los Alamos National Laboratory  
Occupational Medicine Group (HSR-2)

**Wellness Center**

Mail Stop P955 ● Phone: 667-7166 ● FAX: 665-6140

**WELLNESS CENTER USER ACKNOWLEDGMENT FORM**

Thank you for choosing to use the facilities, services, or programs of the Wellness Center. We request your understanding and cooperation in maintaining both your and our safety and health. Please read and sign the following:

I, \_\_\_\_\_ declare that I intend to use some or all of the activities, facilities,  
(Print Name)

programs, and services offered by the Wellness Center and I understand that each person, including myself, has a different capacity for participating in such activities facilities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the Wellness Center brings with it my assumption of those risks or results stemming from this choice and the fitness, awareness, care, and skill that I possess and use.

I understand that the Wellness Center may require physician concurrence for me to participate in an exercise program. I also understand that should my physician concur with my participation in an exercise program, but with defined restrictions, that I am responsible for exercising within those restrictions.

I further understand that the activities, programs, and services offered by the Wellness Center are sometimes conducted by personnel who may not be licensed, certified, or registered instructor or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by the Wellness Center, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I willfully assume those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response. I understand that the Wellness Center staff may activate the emergency response system including calling an ambulance if in their judgement such support is warranted. I understand that if I am injured at the Wellness Center I am to report to HSR-2 for evaluation, follow-up, and to initiate appropriate notifications as required by various regulations.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the Wellness Center at any time before, during, or after my participation.

I declare that I have read, understood, and agree to the contents of this Wellness Center User Acknowledgment Form in its entirety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian Concurrence**

I concur with my minor child's unrestricted participation in exercise programs at the Wellness Center.

Parent's Printed Name:

Signature:

Date:

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